	Under the Paper	work Reduc	tion Act	of 1995, na p	310 20031:	required to	U. S. Pa respond to a coll	stent ectio				WJ1/2002. ( ARTMENT O Lyalid OMB	VSB/06 (08-0 DMB 0651-003 F COMMERC Control numbs	
	PATENT APPLICATION FEE DETERMINATION RECORD  Application or Docket Number  10052907													
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL	ENTITY	OR	OTHER SMALL		
FOR NUMBER FILED					NUMBER EXTRA			7	RATE	FEE	]	RATE	FEE	
	SIC FEE					74.375.333.463			in.	:370	OR		s	
TOTAL CLAIMS (17 CFR 1.14(c)) INDEPENDENT CLAIMS			16	/63 minus 20 =				1	x \$	1287	OR	x \$ =		
0	CFA (.)4(b)) ULTIPLE DEPER		AIM PRE	<u>/</u>	OFR 1.16(d	* /			×=	42-	OR	x =		
			J	#=	140,-	OR	+ = =							
• If the difference in column 1 is less than zero, enter *0" in column 2  CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)									TOTAL SMALL	ENTITY	OR OR	OTHER T		
AMENDMENT A		REMAII AFTE	CLAIMS REMAINING AFTER AMENDMENT  Minus		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	•13					_	x \$_	x \$=	0	OR OR	х \$=		
	Independent (37 CFR 1.146))	• /	• / Minu		***		22		x=	0	OR	x=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.16(d))								+=		OR	+		
	(Column 1) (Column 2) (Column 3)								TOTAL DDIT. FEE		OR Al	TOTAL DDIT. FEE		
AMENDMENT B		CLAII REMAII AFTE AMENDI	NING R		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	•	Minus		**				× \$ =		OR OR	x 5 =		
	Independent (37 CFR 1.16(6))	•	Minus		•••		=		x=		OR	x =		
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (27 CFR 1.14(4))								·=		OR	+=		
	(Column 1) (Column 2) (Column 3)							_ ^	TOTAL DDIT. FEE		OR	TOTAL DIT. FEE		
AMENDMENT C		CLAIN REMAIN AFTEI AMENDN	IING R	NI PRE		IEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Totai (37 CFR 1.16(c))	*		Minus	us **		a		× 5 =		OR ,	: \$ =		
	Independent (37 CFR 1.16(b))	•	Minus		***		=		x=		OR OR	·=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.14(6))								+e		OR	==		
** If	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3 onter "20".  * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3 onter "20".													

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden How Statement This form is estimated to take 0.2 hours to complete. Itime will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Officer, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.